



**STONE MOUNTAIN
HEALTH SERVICES**

St. Charles Community Health Clinic

Serving St. Charles and Surrounding Communities

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August 28, 2001

**Kimberly Topper
Advisors and Consultants Staff
Center for Drug Evaluation and Research
Food and Drug Administration
8600 Fishers Lane
Rockville, Maryland 20857**

Dear Ms. Topper:

I understand that the Anesthetic and Life Support Drug Advisory Committee will be meeting September 13th and 14th to discuss among other issues, the increasing incidence of abuse and addiction to sustained release opioids. As a general internist in one of the earliest "ground zeros" of the OxyContin abuse epidemic, I wanted to write and share some of our experience and some of my thoughts and observations on the problem.

For the last 25 years, I have practiced as a primary care general internist in St. Charles, Virginia, a small coal mining town in southwest Virginia. There has always been a certain back-ground level of prescription drug abuse in the region, and a very limited amount of opioid dependence. This began to change about two years ago, when we began to see rapidly increasing abuse and addiction to OxyContin. OxyContin was being snorted or injected IV, males and females, mid-teens to early forties. Primary care physicians were seeing overdoses, infections, and occasional cases of endocarditis related to this. I was going in at midnight to intubate patients with OxyContin overdoses; patients that I had held in my arms when they were babies, and had given them their first DPT. In a region traditionally with minimal IV drug use in the past, the farmer's co-ops found they had difficulty keeping their veterinary syringes and needles stocked. We began to see much increased Hepatitis C, and HIV seems certain to follow. Many of these kids were good kids with bright, promising futures that had recreationally used OxyContin and had become rapidly addicted. The tragic ravages of opioid addiction followed with numerous young people losing their jobs, vehicles, houses, and children to this addiction. Our closest detox facility reported an increase in opioid dependent admissions from 18% in 1996 to 48% last year. Methadone clinics were filling up with OxyContin dependent patients throughout the Appalachian region. In all affected areas, crime sky-rocketed and the county sheriffs have

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estimated that 70-90% of all serious crimes in the last two years have been drug related crimes, and most of that OxyContin related. The number of children placed in foster care in Lee County had tripled in the last three years, primarily related to the OxyContin problem. There is hardly a family that has not been affected directly or indirectly by this epidemic. In a school survey in May, 2000 - - using a modified CDC YBRS - - 9% of our 7th graders and 20% of our 12th graders had used OxyContin.

It is hard to convey to you the devastation that this brings to a region already besieged by more than its share of problems. I have become involved with these problems on a local and regional level, and I wanted to share with you some of this experience and some of the following information. I thank you for your involvement with the Advisory Committee, and for your time and concern in all the associated issues of such national importance.

Sincerely,



Art Van Zee, M.D.

*Ms. Topper - I do send a copy
to all those on the
Committee -*

Thanks/ Art